

Name
in
Full

Annie E. Barnes -

CERTIFICATE OF DEATH

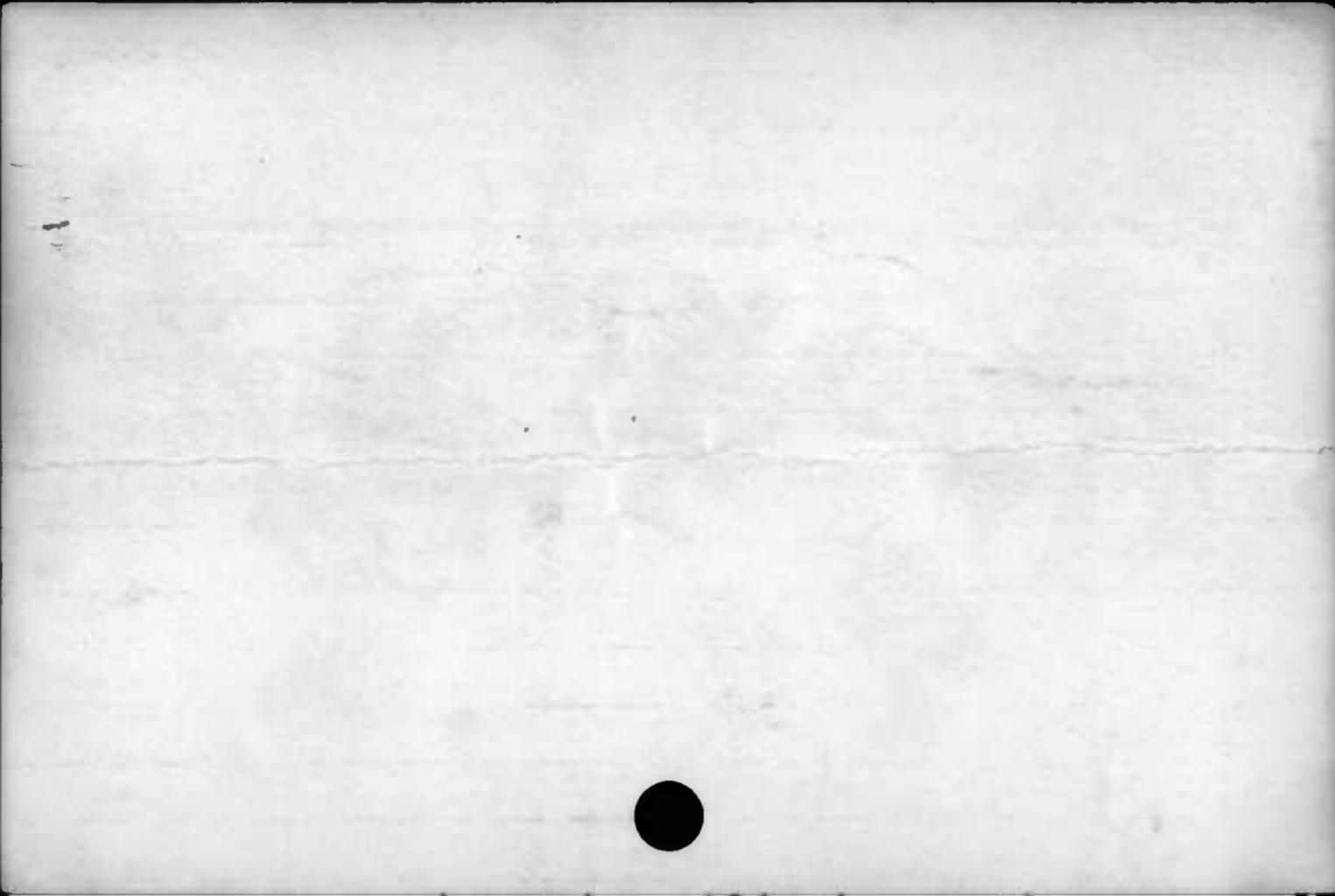
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>New Vernon's Springs</i>		County <i>Otsego</i>	MARYLAND		
Date of death 1903	Month Jan	Day 18	Age 66	Years	Months — Days —
Sex Female	Color or Race <i>white</i>	Occupation <i>House wife</i>			Birth-place <i>Del.</i>
Married, Single or Widowed <i>married</i>					
Name of Wife or Husband <i>Nobie E. Barnes</i>					
Father's Name <i>John Stalley</i>	Father's Birthplace <i>Del</i>				
Mother's Maiden Name <i>Zapona Warren</i>	Mother's Birthplace <i>Del</i>				
Name of person giving Information <i>Robert Barnes</i>	How related to deceased Husband				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cerebral Hemorrhage</i>	How long <i>24 hours</i>
Immediate <i>—</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. W. Mitchell</i> Address <i>Pomona Key West</i>
Accident or Suicide? <i>No</i>	



Name in Full:

Certificate of Death

Robert E. Bayhun

Town

County

Died at

Brenton

Charles

MARYLAND

Date	Month	Day	Age	Y.	M.	D.	Native of	Occupation
1903	June	22		-	5	-	Ind.	Vine
Male	White		Married		Widow		Divorced	
Female	Colored		Single		Widower		Number of children living	

Husband	of	—	—	—	—	—	—	—	—
---------	----	---	---	---	---	---	---	---	---

Wife

Father's

Name

Robert E. Bayhun

Mother's

Name

Margaret J. Brown

Cause of	Primary	Pneumonia	How long sick
Death	Immediate	93	10 days

Accident, Suicide, Homicide

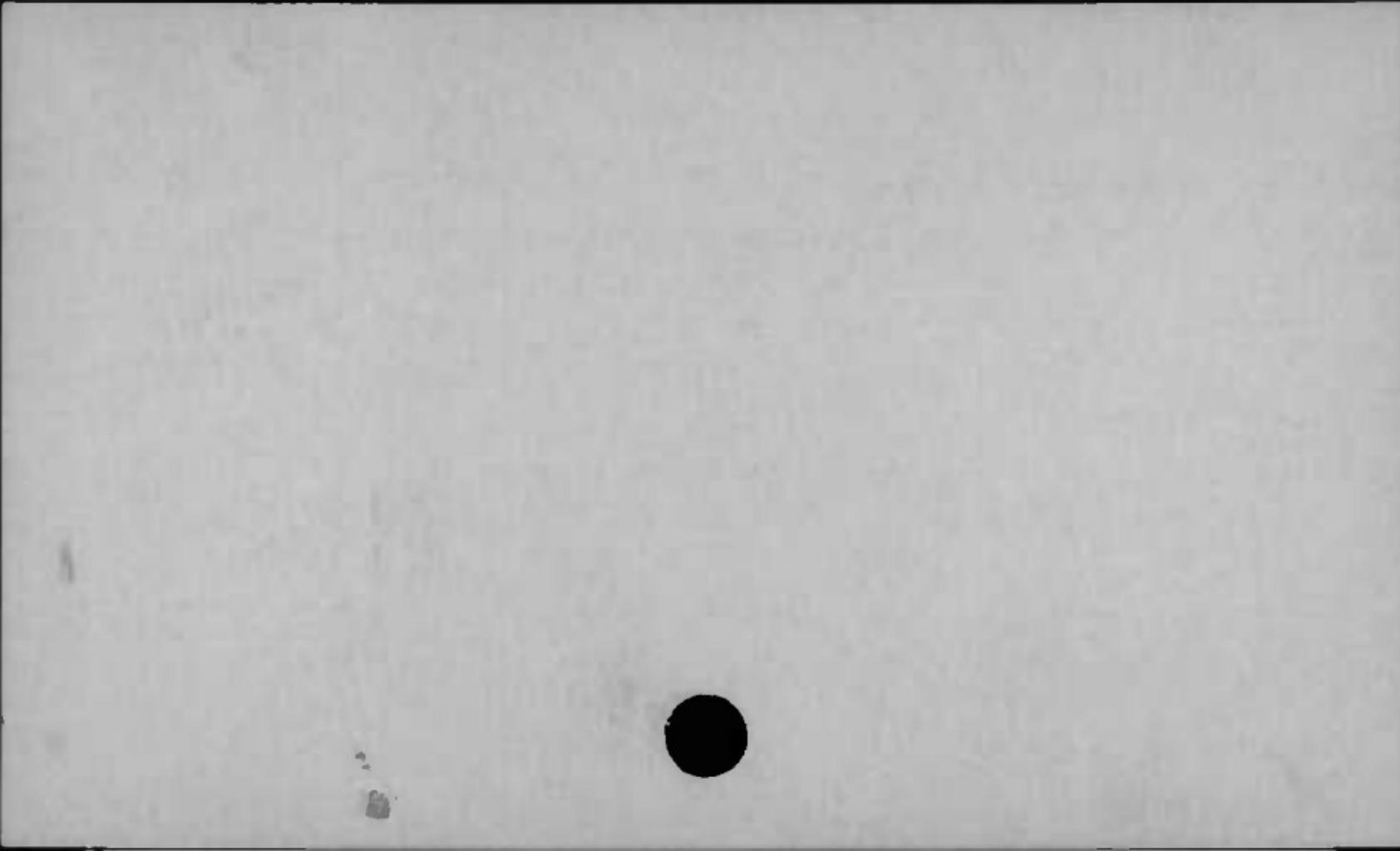
Reported by

J. W. Mitchell M.D.

Address

8 Franklin St.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Mrs Annie Brookbank

Town County
Died at Newpors- Charles MARYLAND

Date of death	Month	Day	Y.	M.	D.	Native of	Occupation
1903	Jan	28	37			Chas Lur	Houswife
	White		Married			Widow	Divorced
Female	Colored		Single			Widower	Number of children living

Husband of	Ghos. Brookbank		Mother's Name	Rebecca Lurus
Wife	Jos. H. Lurus			
Father's Name				
Cause of death	Primary	Bright's disease	How long sick	12 months
Death	Immediate		Accident, Suicide, Homicide	

Reported by Jos H Lurus
Address 1200
Whimico Ma

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by Dr. _____

of _____

Seen by Coroner _____

of _____

Information contained in this certificate received

from _____

of _____



Guster Brown

Died at	Town	Rock Point	County	MARYLAND
Date 1903	Month	Day	Y. M. D.	Native of
	1	11	Age 22	Rock
Male	White	Married	Widow	Divorced
Female	Colored	Single	Widower	Number of children living

Husband
of

Wife

Father's
Name

Danck Brown

Mother's
Maiden Name

Morwen Sumner

Cause of Death	Primary Immediate	Lung Trouble Hemorrhage	95	How long sick 4 days
				Accident, Suicide, Homicide

Reported by

*Mr Clark Undertaker
Keweenaw Ave.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Louisia Butler

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1903	Month 1	Day 2	Age 70	Years —	Months — Days —
Sex Female	Color or Race Negro	Occupation	Birth- place Md		
Married, Single or Widowed	Widow				
Name of Wife or Husband	John Butler				
Father's Name	—				
Mother's Maiden Name	—				
Name of person giving Information	Isaac Butler				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary How long

Immediate Heart-failure sudden

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

H. L. Chapman MD

Hughesville Md



Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Jane Leaby

CERTIFICATE OF DEATH

MARYLAND

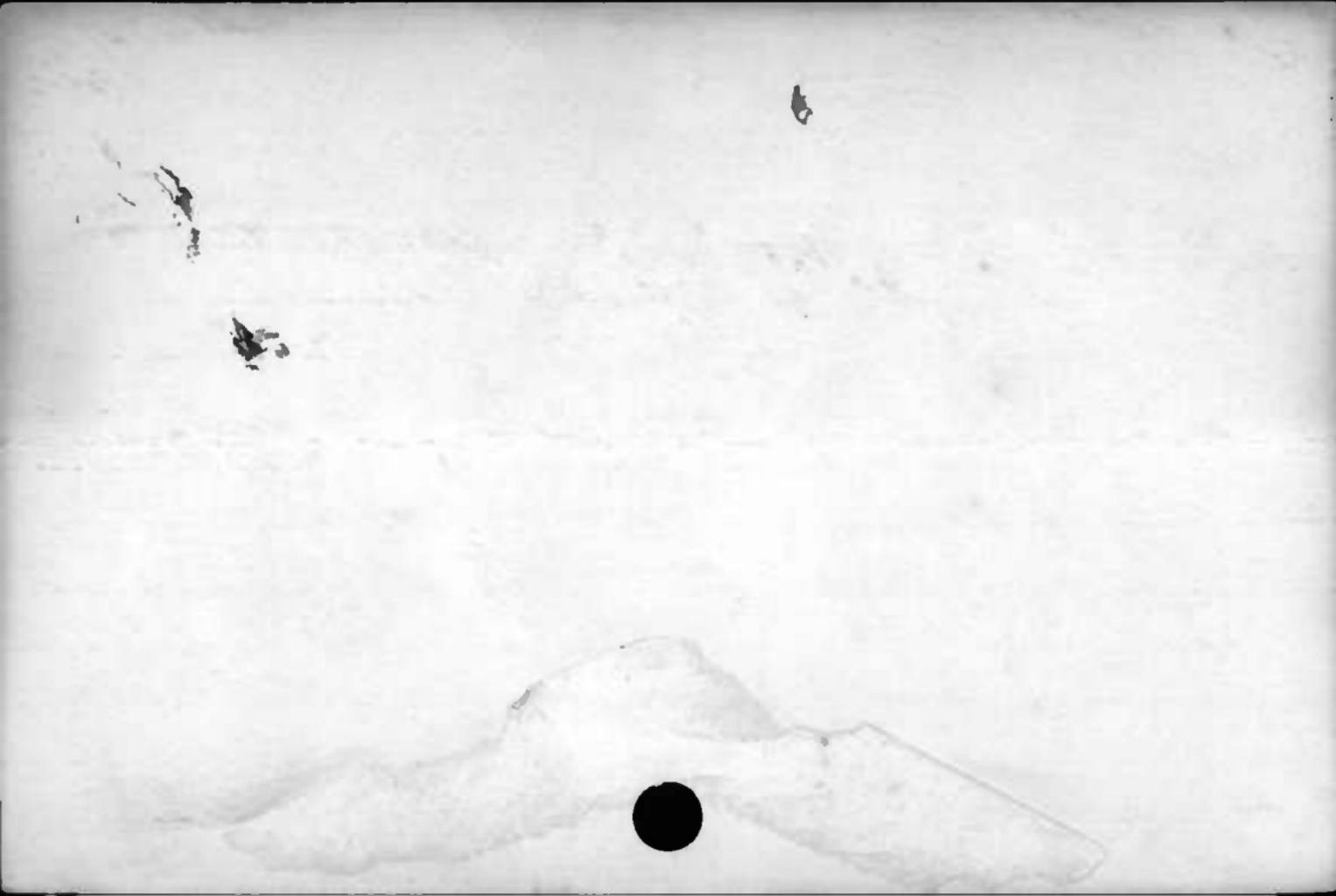
Died at		Town	County			
Date of death 1903		Month Jan	Day 11	Years Age 72	Months	Days
Sex Female		Color or Race Black			Birth-place Md.	
Married, Single or Widowed		Occupation Farming & midwife				
Name of Husband	Edward Leaby (Wes.)					
Father's Name						Father's Birthplace
Mother's Maiden Name	Elfen King					Mother's Birthplace Md.
Name of person giving information	Frank Leaby					How related to deceased Son

CAUSES OF DEATH

Primary	Pneumonia	93	How long 6 or 8 days
Immediate	11		How long

Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician S.A. Speare
		Address Grayton Md

Accident or Suicide?



Name
in
Full

Mary Chew

CERTIFICATE OF DEATH

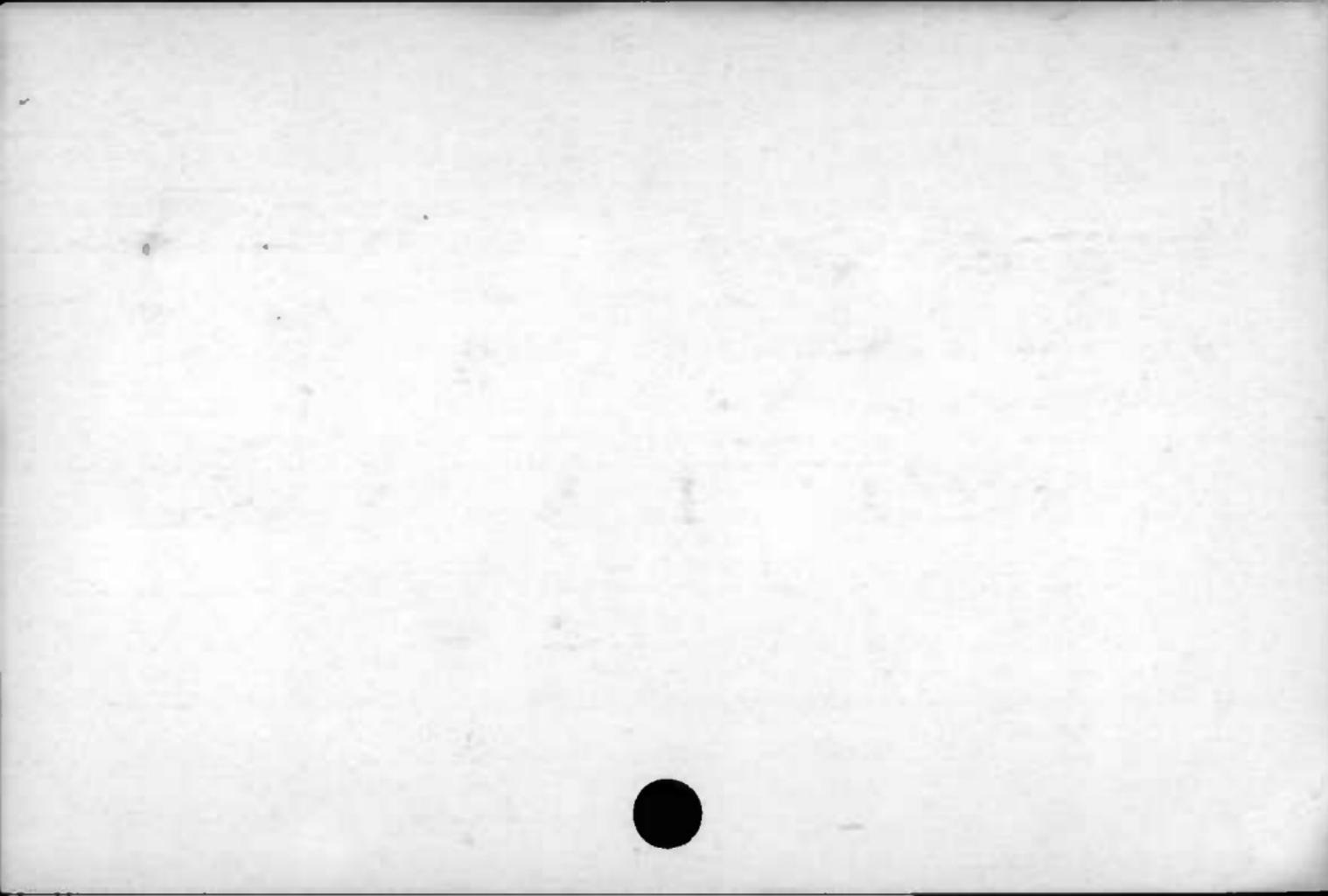
TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town	County		MARYLAND	
Date of death 1903	Month	Day	Years	Months	Days
Sex Female	Color or Race	Occupation		Birth-place Md	
Married, Single or Widowed					
Name of Wife or Husband					
Father's Name	Thomas Chew			Father's Birthplace	Dad
Mother's Maiden Name	Martha			Mother's Birthplace	Md
Name of person giving Information	Thomas			How related to deceased	Father

CAUSES OF DEATH

Primary	Necrosis		How long
Immediate			How long
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	J. C. Chappelers
		Address	St. Georgesville Md.
Accident or Suicide?	X		



Samuel L. Conlin

Town

Shiloh

County

Charles

MARYLAND

Died at

1903

Month

Day

Y.

M.

D.

Native of

Md.

Occupation

Farmer

Date

Male

White

Age
Married

11-5-17

Widow

Dimmed

Female

Colored

Single

Widower

Number of children living

Husband of

Matilda Conlin

Wife

Father's

Name

Pomona Conlin

Mother's Name

Elizabeth Hawkinge

Cause of

Primary

How long sick

1m. 15 days.

Death

Immediate

Heart trouble

Accident, Suicide, Homicide

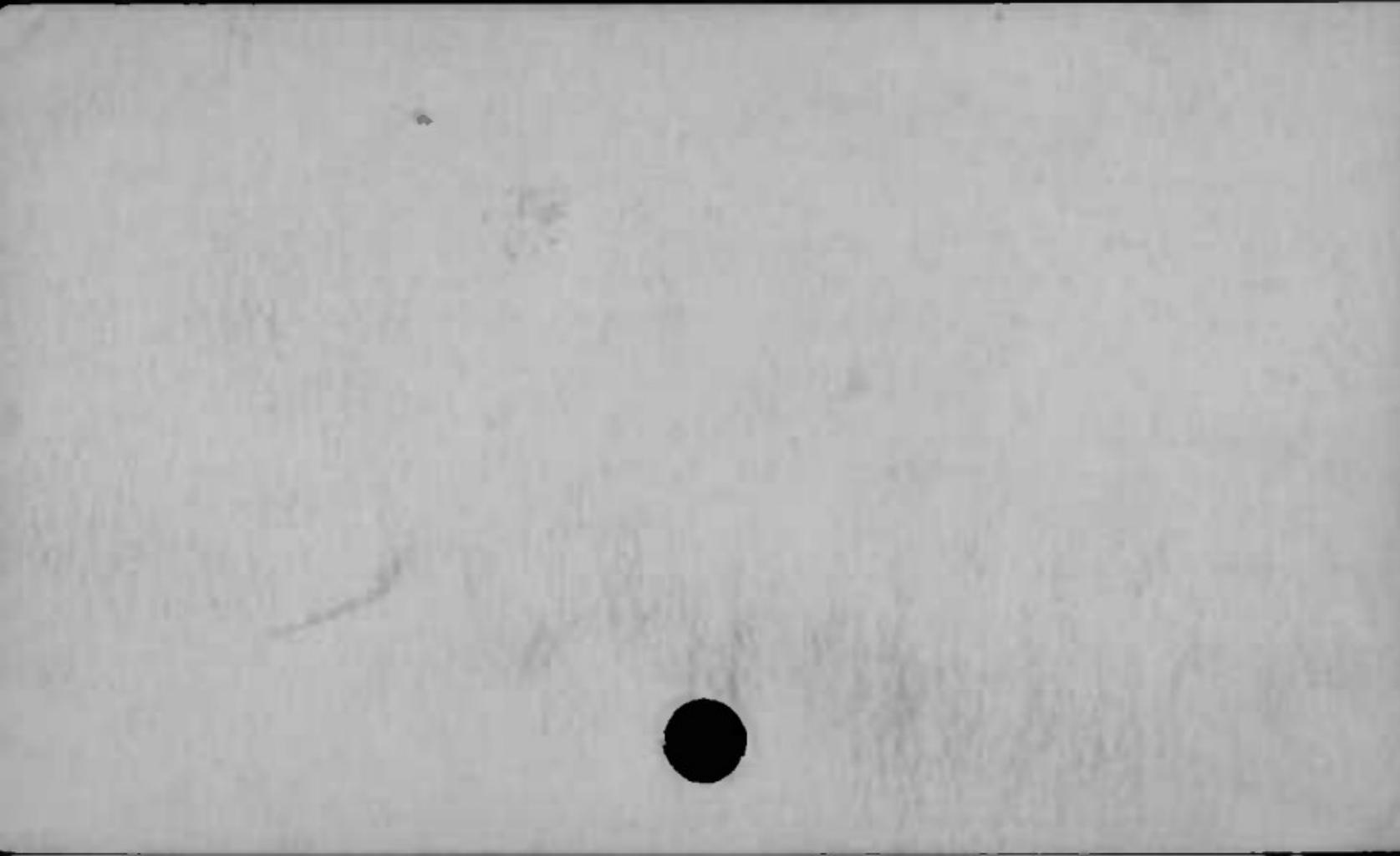
Reported by

J. L. Fizzell, M.D.

Waynesville
Md.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Cordelia Erminous

Town

County

Died at

New Market and State

Clark

MARYLAND

Date 1908

Month Day

Y. M. D.

Native of

Occupation

June 9

Age 77-

Md.

None

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

not married

4

Wife

Father's

Name

Edward Erminous

Mother's

Maiden Name

Mary A. Jackson

Cause of

Primary

Rheumatism

How long sick

Death

Immediate

Heart Disease

Accident, Suicide, Homicide

Reported by

J. W. Mitchell M.D.

Address

Pomeroy [redacted] Ind.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Henry Clay Ferguson

Town

County

Died at Galena, Iowa

Chas Co

MARYLAND

Date	Month	Day	Y.	M.	D.	Native of	Occupation
1903	1	25	Age	11	20	Maryla	—
Male	White		Married	Widow		Divorced	
Female	Colored		Single	Widower		Number of children living	

Husband of _____

Wife

Father's Name

John Ferguson

Mother's Name

Flora or Ferguson

Cause of Death

Primary

Pneumonia

How long sick

Q3

1 month

Immediate

Accident, Suicide, Homicide

Reported by

Dr. R. Latimer M.D.

Address

Orme, P.O.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

M.R.



Julia Brown

Town

County

Indian Head

MARYLAND

Died at Indian Head

Month

Day

Y.

M.

D.

Age

0

0

X^{1/2}

Native of Indian Head Md.

Occupation

Date 1903

Jan. 29

White

White

Bianard

Female

Caucasian

Married

Single

White

White

Number of children living

Infant.

Husband of _____

Wife

Father's Name

John Robert Gray

Mother's

Name Sarah Park Gray

Cause of Death

Primary

Asphyxia at birth. (S)

How long sick

Two hours.

Death

Immediate

Asphyxia.

Accident, Suicide, Homicide
of birth.

Reported by

Dr. Thompson, Medical Officer, U.S.N.

Address

Naval Training Ground Indian Head, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by Dr.

H.W. Donahue
of *Naval Proving Ground*.

Seen by Coroner

of

Information contained in this certificate received

from

of

Name
in
Full

Margaret Ann Devine

CERTIFICATE OF DEATH

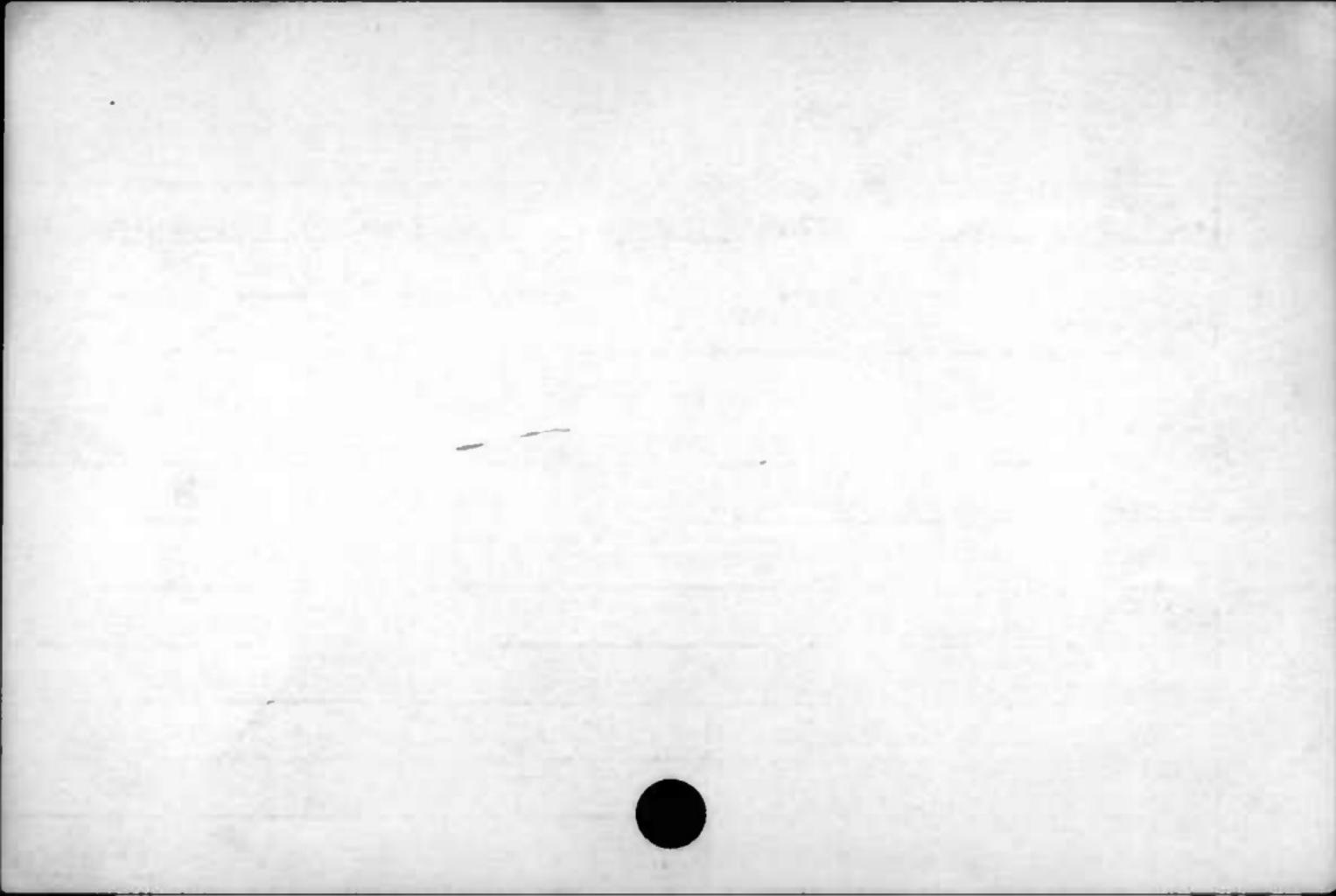
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	asens Sarah	Charles			
Date of death	Month	Day	Years	Months	Days
1903	Jan	3	64	—	—
Sex	Color or Race	Occupation			
Female	White	Housewife			
Married, Single or Widowed	Occupation				
Married	Housewife				
Name of Wife or Husband	John C. Devine				
Father's Name	Michael Cunigan				
Mother's Maiden Name	—				
Name of person giving information	John G. Devine				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Paralysis	64	How long	15 months
Immediate	Cerebral Paralysis		How long	3 hours
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	C. T. Cecil
			Address	Sturpost
8				Ind
Accident or Suicide?				



Name
in
Full

Chose or Jackson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Died at	McConchie	Ches	
Date of death 1903	Month 1	Day 10	Years Few minutes
Sex Female	Color or Race Black	Birth-place McConchie	
Married, Single or Widowed	or under	Occupation Nurse	
Name of Wife or Husband			
Father's Name	Gantneron		
Mother's Maiden Name	Margaret Jackson		
Name of person giving information	Ann Brawner Nurse		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Premature Birth	How long 15 How long
Immediate		
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician Address
Supposed Accident or Suicide?	Suicide	



Name
in
Full

R. T. Jamison

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Father's Birthplace				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving information	How related to deceased				

1903 / 30 60 - -

man white MD

Farmer

Married Virginia Edeline

Richard Jamison MD

Miss Penny MD

J. H. Chappelow Norn

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Bright's Disease		How long
Immediate			3 da
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician		
yes	J. H. Chappelow		
Address	Henry Avenue		
Accident or Suicide?	No		

امان

Name
in
Full

CERTIFICATE OF DEATH

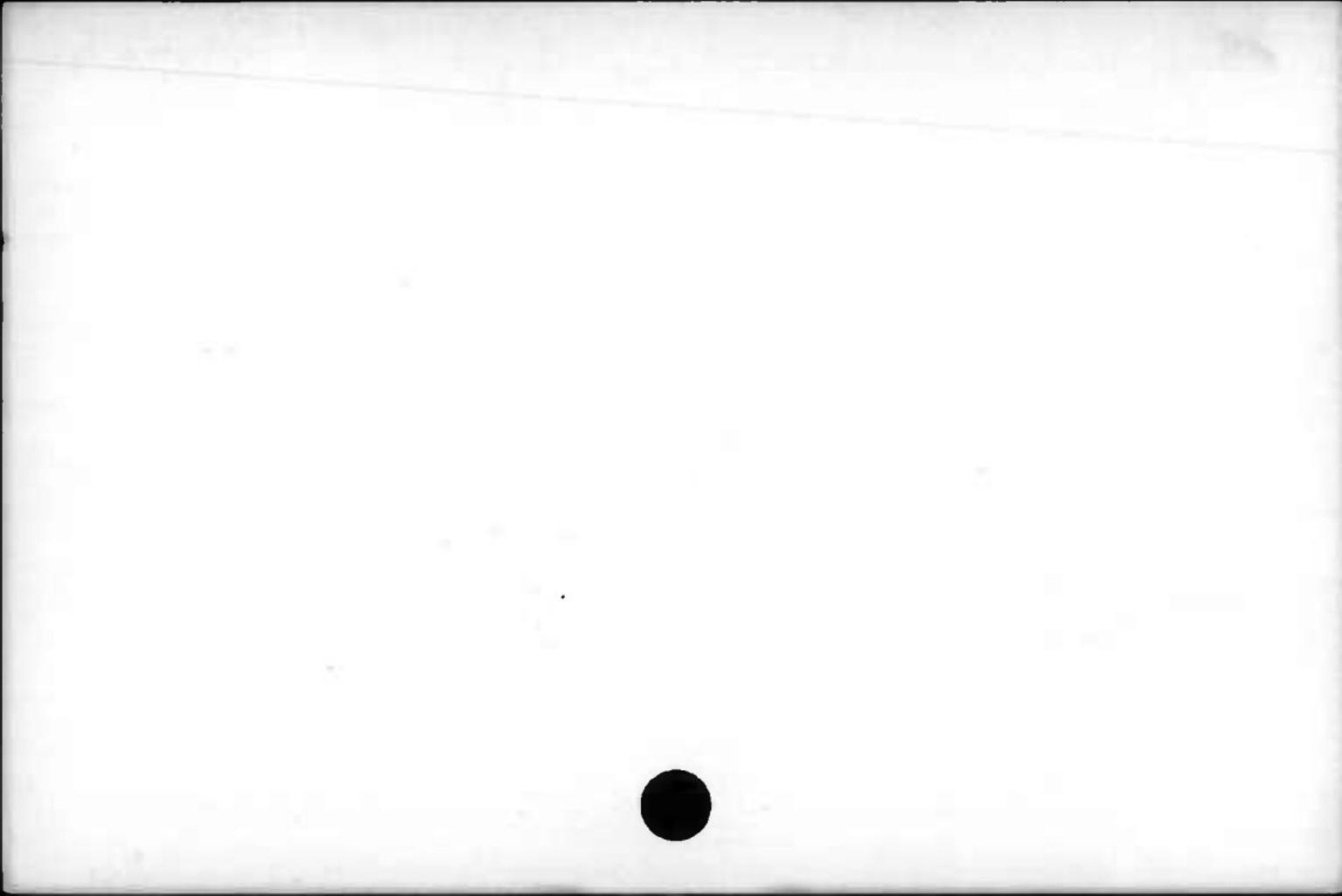
To BE ANSWERED BY
NEAREST FRIEND

Died at <u>Palmerton - City</u> Town			County <u>Lancaster</u>		MARYLAND	
Date of death <u>1903</u>	Month <u>1</u>	Day <u>29</u>	Age <u>80</u>	Years <u>80</u>	Months <u>-</u>	Days <u>-</u>
Sex <u>Male</u>	Color or Race <u>Black</u>		Birth-place <u>Mary</u>			
Occupation <u>Farm</u>	Where Residing if not at place of death <u>-</u>					
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>-</u>		Father's Birthplace <u>Mary</u>			
Father's Name <u>Alfred Lewis</u>			Mother's Birthplace <u>Mary</u>			
Mother's Maiden Name <u>Jane</u>			How related to deceased <u>Mother</u>			
Name of person giving information <u>J. H. Chapman</u>						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>La Grippe</u>	How long <u>3 weeks</u>
Immediate <u>-</u>	How long <u>-</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Henry Chapman</u> Address <u>Hugheswood</u>
Accident or Suicide?	



Name In Full

Certificate of Death

Maggie Marshall
Town County Charles

MARYLAND

Died at

Date	Month	Day	Y.	M.	D.	Native of	Occupation
1963	Jan	29	30	26			Housekeeping
Male	White	Married	Widow	Divorced			
Female	Colored	Single	Widower	Number of children living			None

Husband of _____

Wife

Father's Name

Frances Anachar

Mother's Maiden Name

27

Cause of

Primary

How long sick

Tuberculosis #14 months

Death

Immediate

Accident, Suicide, Homicide

Cause of death

Tuberculosis

Reported by



Address

Alice Burdick, M.D. Coffey

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Millicent Marshall

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death 1903	Month 1	Day 2	Age 35	Years	Months	Days	
Sex Female	Color or Race Black	Occupation		Virginia			
Married, Single or Widowed Married	Name of Wife or Husband Nace Marshall		Father's Name unknown			Father's Birthplace Virginia	
Mother's Maiden Name Gallie		Mother's Birthplace unknown			How related to deceased		
Name of person giving Information George Chase							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate Heart trouble supposed 79	about an hour
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician none in attendance
g Leo	Address
Accident or Suicide?	

Reported by
W. T. Browne

Name
in
Full

Richard Middleton

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Newport	Celestine	Months	Days	
Date of death 1903	Month Jan	Day 24	Years 5-	Age	—
Sex	Male	Color or Race	Black	Birth- place	Md.
Married, Single or Widowed	Singler	Occupation	—		
Name of Wife or Husband	—				
Father's Name	John Middleton			Father's Birthplace	Md.
Mother's Maiden Name	Celia Mathews			Mother's Birthplace	Md.
Name of person giving Information	John Middleton			How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Peritusis	8	How long	—
Immediate	Pulmonary Tuberculosis		How long	4 mos
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	L. G. Clark	
		Address	Newport Md	
Accident or Suicide?	—			



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

James M. O'Donnell

CERTIFICATE OF DEATH

MARYLAND

Died at	Town	County	
Waldorf	Charles		
Date of death 190	Month	Day	Years Months Days
3 Jan	4	Age 71	2 10
Sex	Color or Race	Occupation	
Females	White	Farmer	
Married, Single or Widowed			
Widow			
Name of Wife or Husband			
James M. O'Donnell			
Father's Name		Father's Birthplace	
Action		Dad	
Mother's Maiden Name		Mother's Birthplace	
		Md	
Name of person giving information		How related to deceased	
Amelia Action		Brother	

CAUSES OF DEATH

Primary

79

How long

Immediate

Heart-disease

How long

12 months

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

90 Monsey

Address

Waldorf Md

8

Accident or Suicide?



John Schoolt

Town

Fellsburg

County

Charles

MARYLAND

Died at

Month

Day

Y.

M.

D.

Native of

York Pa.

Occupation

Cooper

Date 1903

1

13

Age

67

10

22

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

2

Husband of

Margret Schoolt

Wife

Father's Name

Not Known

Mother's

Maiden Name

Not Known

Cause of

Primary

Senile Gangrene

How long sick

11

Death

Immediate

Septicemia

Accident, Suicide, Homicide

Reported by

Spencer 142

Bel Aire

Address



Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Still Born child of Phillips Simmons

Died at ^{Town} Cheshamuxon County Charles MARYLAND

Date 1903	Month Jan	Day 29	Age	Y. Stillborn	M.	D.	Native of	Occupation
Male	White		Married		Widow		Divorced	
Female	Colored		Single		Widower		Number of children living	

Husband of
Wife

Father's Name Phillips Simmons Mother's Name Frances Savoy
Maiden Name

Cause of Death	Primary	How long sick
	Immediate	Accident, Suicide, Homicide

Reported by Phillips Simmons

Address Cheshamuxon Charles Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Eliza B. Small

CERTIFICATE OF DEATH

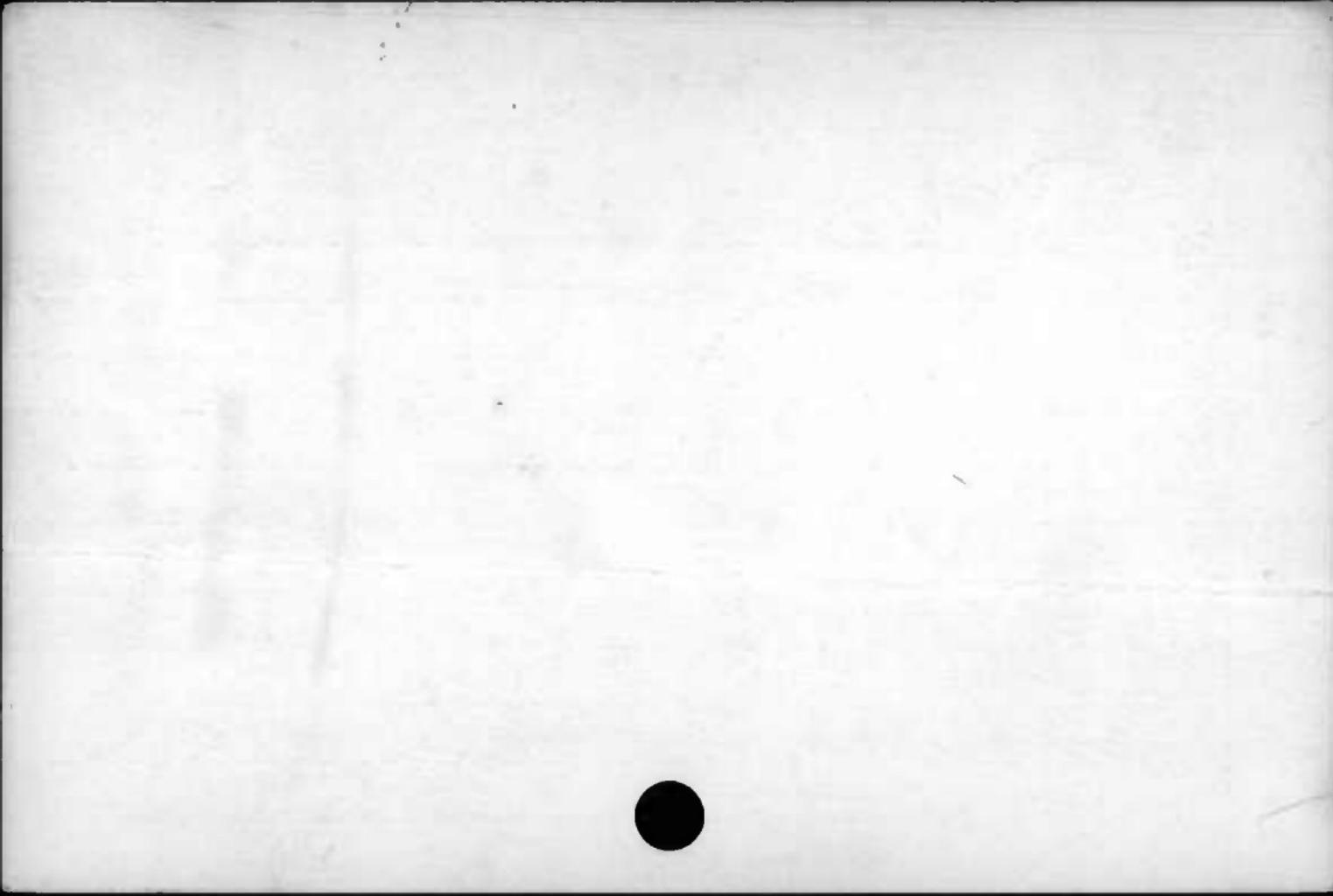
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1903	Month	Day	Years	Months	Days
Sex	Color or Race	Place	Birth-place		
Married, Single or Widowed	Occupation				
Name of Wife or Husband					
Father's Name	Father's Birthplace				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving information	How related to deceased				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Marasmus	105	How long
Immediate			How long
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	L. S. Small
		Address	111½ E. Bay St.
Accident or Suicide?			



Name
in
Full

Agnes D. Luerling

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND	
Bryantown	Charles				
Date of death 1903	Month Jan	Day 10	Age	Years	Months 3
Sex Female	Color or Race Negro	Occupation		Birth-place	Ind
Married, Single or Widowed					
Name of Wife or Husband					
Father's Name	James Luerling			Father's Birthplace	Ind
Mother's Maiden Name	Mary Gross			Mother's Birthplace	Ind
Name of person giving information	James Luerling			How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Bronchitis Pneumonia

How long

2 days

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

J. C. Chappelias.

Address

Dauphinville Ind

8

Accident or Suicide?



Name
in
Full

Blanche Thomas

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Benedict</u>		Town	County <u>Charles</u>		MARYLAND	
Date of death 1903	Month 1	Day 5	Age <u>11</u>	Years	Months 10	Days —
Sex <u>Male</u>	Color or Race <u>Negro</u>	Birth-place <u>Md</u>				
Married, Single or Widowed —	Occupation					
Name of Wife or Husband —						
Father's Name <u>Mathewson</u>					Father's Birthplace	
Mother's Maiden Name <u>Blanche Thomas.</u>					Mother's Birthplace <u>Md</u>	
Name of person giving information <u>Harriet Thomas</u>					How related to deceased <u>Grand mother</u>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Masasmus</u>	How long <u>6 mo</u>
Immediate <u>Whooping Cough</u>	How long <u>3 weeks</u>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <u>H. C. Chappelton</u> Address <u>Seugineville Md</u>
Accident or Suicide? <i>[initials]</i>	



Name in Full

Certificate of Death

Mary Thompson

Town Cincinnati County Charles MARYLAND

Died at

Date Died

1903

Jan 1

Year

Month

Day

Y. M. D.

Age 16

Year

Month

Day

Native of

Md

State

Occupation

Housekeeper

Occupation

Female

Colored

Single

Widow

Widower

Divorced

Widower

Number of children living

Husband of

Wife

Father's

Name

Frank Thompson

Mother's

Name

Katie Thompson

Cause of

Primary

Consumption

How long sick

6 months

Death

Immediate

Accident, Suicide, Homicide

Reported by

Frank Thompson

McMinn Co. Tenn

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by Dr. _____

of _____

Seen by Coroner _____

of _____

Information contained in this certificate received

from _____

of _____



Name in Full

Certificate of Death

Mo Mary E Turner

Town

County

Died at

MARYLAND

Ryeville Charles

Month

Day

Y.

M.

D.

Native of

Date 180

Jan 15

Age 83

Md

Occupation

~~1963~~

White

Married

Widow

Divorced

Female

Colored

Single

~~Widower~~

Number of children living

None

Husband of

Wife

Father's

Name

Cause of

Primary

Death

Immediate

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Wilson Turner

Jesod Hayden

Mother's Name

Not Known

How long sick

Several yrs

Accident, Suicide, Homicide

Cancer on leg

45

Jas T Turner

Ryeville



Attended by Dr. _____
of _____

Seen by Coroner _____
of _____

**Information contained in this certificate received
from** _____
of _____